HO

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

# AMPAISE THICS AND

## DISCLOSURE SUMMARY PAGE 2000 MAY

2008 MAY 10 AM 0

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InterCent Name Indicate by a type of committee you are reporting for	Committee To She Zilal	2. 11	FORM	
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Signature   Sign	(1) Statewide/Legislative/Judge Standing for Retention Candidate (2)	State PAC ( 3 )State Party		
CANDIDATE COMMITTEES ONLY: Cagdidate Name    CANDIDATE COMMITTEES ONLY:   Cagdidate Name   CANDIDATE COMMITTEES ONLY:   Cagdidate Name   Comm. #   Logged In   Cagdidate Name   Composition   Cagdidate Name	Subdivision Candidate (8) County PAC (9) City PAC (10) School Bo	ate (7)School Board or Other Political pard or Other Political Subdivision PAC	For Office Han	Ontre
Caged to Name    Political Party (if applicable)	11 ) Local Ballot Issue		TOI Office use	
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For Instructions, See Back of Form	Page 1 State	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN Including candigate's personal funds)		<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	<u></u>	CHE	CK THIS BOX IF
Statement of Organization)		AMEI	NDING FORM
room Tronger ten word	m		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. DIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IE EOD
DATE RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE* (if applicable)	RECEIVED	√ IF FOR FUND- RAISER INCOME
2/25/08	го# Ск# <i>9376</i>	West Des Moins, It 50246		\$ 100 00	
2/25/08	ID# CK#2443	25. Giovannetti 3004 Melanie Dr. Urbundalia, In 12302		100	
<i>भूग्डी</i> ६४	ID# CK# 4934	Tames Wings Tout 55th ST Des Mins la 50312		200	
H25/08	ID# CK# 4070	1234 Clar Calls Do		300	
d 25108	CK# 00 (	Wat De Moine It 50766		50 00	
H 25/05	ID# CK#/057	Siett Porter 600 West Brand Dr. Worker John 50263		50	
2/9/08	ID# Ск# <i>Э\'</i> Ч	West Des Mais St 50245	_	100	
1000	ID# CK#/0418	11.00 14den 82 58 12 51 W.D.M 50246		100	
2/20108	CK#flyk11	2100 Rod, A. R. 3400 Fulle Rd Wom 20265		100	7
भे <i>ञ</i> िष	ок#709 <b>8</b>	Marie Miloy Au 2285 Grand JAL Wen 50265		100	
			SUB-TOTAL	s1200	

TOTAL (if last page of this schedule)

Page of (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form		
and the state of t	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate) personal funds)	<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as by Statement of Organization)	. —	CK THIS BOX IF NDING FORM
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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DELATIONO: ::=	1 11000	
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	ANNIE VIAD ADDVESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
भेग्डा ०४	ID# CK# /95 7	Veter lowning		\$ 100	
Azsl 08	id# ck# 75φ	Havan Hockenbers 6601 Wester PK \$200 WOM 30244		50	
dz,108	ID# CK#(057%)	1481 New 108th of 1932)		50	
12.108	ID# CK#2737	De Movie, de 50309		260	
25/08	ID# CK# <i>\$0</i> 41	Pred Darriet Stat 50325		100 00	
2/25/08	ск# 5706	Sware Mile 2000 University Do Moins A 5032,		idd oo	
12,108	CK# / (6 /	Scott Cirk Sering 16330 Boster Phu Clin Sile 50325	4	30	
12/08	ID#  CK# 3137	Janes Braynie 3403 Rueful Cr Ceder Royds, el 52411	pounds??	10000	
212,108	ID#  CK# 3 <sup>C</sup> 10/	1919 Millordige 8 Waterlas des 90701		50	
12708	CK#// \/	Clair de 5032,		5000	
			SUB-TOTAL	(200)	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_(for Schedule A)

TOTAL (if last page of this schedule)

For instructi	ons, See Back of F	orm	SCHE	DULE	
	IONS MONEY TA		(Rev.	MONET	
COMMITTEE	MANNE (Must be same	as on Statement of Organization)		CHECK THIS B AMENDING FO	
STATE CANDIDA NUMBER AND THE DISCLOSURE BOA	ATES NOTE: IF A CONTR E PAC CHECK NUMBER IN ARD.	IBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION OF THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE.	COMMITTEE), LIST THE BLE FROM THE IOWA E	PAC IDENTIFICATION	ON JIGN
NOTE: ANY PER RESPONSIBILIT	RSON, OTHER THAN AN IES AND SHOULD IMME	INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO EDIATELY CONTACT THE BOARD.	YOUR CAMPAIGN N	1AY HAVE FILING	
CAUTION: Sec commercial purp	tion 68B.32A(6), prohib cose by any person othe	its the use of information copied from reports and stateme or than statutory political committees.	nts for soliciting con	tributions or for a	ny
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
2/2/108	ID# Ск#87/Ц	1371 Lakeshan Dr. Des Mairies 5032		\$ 100 00	
12168	ID# CK#5 614	1233 NE. 884 St alfoure 14 50009		10)	
polor	id# ck#87/0	Star thompson 15112 Byrd Maur D Clin Lows 50325		180	
6/8/8	ID# ск#8 <i>5i 0</i>	Stephen Rowe 4430 itwy 316 Swin. IA gors 2		180	~ ~
3/6/04	ID# CK#/766/	from Albertusley gogo cholian Dus Moines. 24 50325		50	~ ~
3/6(08	<sub>ск#</sub> 3 <i>554</i>	Mithad Amelia 3369 Suit Fd. Manin F4, 52302		50 00	
3(6(08	ID# Ск#/ 799	Wm. Weltha 845 51515 Main la 52302		50 00	
16(8	CK# 2416	Les AASheim br. Suil Northwest br. Cluic So 5032		30	
36/8	ID# CK#23533	Bery Elwell Box, 187 July, la 5002,		1000 00	
368	CK# (1 ZO(	14822 lokeur 20321		30	
		TOTAL (if last page	SUB-TOTAL  of this schedule)	\$'610 \$3710	
marriage). If surr	nship must be shown to the name of contributor is the	es to disclose the relationship of any relative making a contribution e third degree of consanguinity (blood relatives) and affinity (relati same as candidate, but there is no n the relationship column.	to the ves by Paç	フ	(A)

For Instructions, See Back of Form

SCHEI								
CONTRIBUTIONS MONEY TAKEN IN  (Including candidate's personal funds)  MONETARY RECEIPTS								
COMMITTEE	CHECK THIS BOX IF AMENDING FORM  CHECK THIS BOX IF AMENDING FORM							
STATE CANDIDA NUMBER AND THI DISCLOSURE BO	TES NOTE: IF A CONTR E PAC CHECK NUMBER IN ARD.	BUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION OF THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILA	COMMITTEE), LIST THE BLE FROM THE IOWA E	PAC IDENTIFICATI	ON			
NOTE: ANY PER RESPONSIBILIT	NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.							
CAUTION: Sec	ction 68B.32A(6), prohib pose by any person othe	its the use of information copied from reports and statement or than statutory political committees.	ents for soliciting conf	tributions or for a	ny			
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME			
3/6/8	ID# Ск#ЭГЦЦ	Heringhote 6H 44th St Don Love 50312		\$ 00				
36/8	id# cк#533 (	Jill SM Clan Cout 13528 Villan Cout 1800 - Sloyda 5032,		50		-		
3/6/8	ок# (3/3	tennife Slayle 9316 Wicking D tourston by 50131		30		-		
3/6/8	ID# Ск#/8(46	John Ul non 2 2620 Sceni 2 Wom Sta 150265		75-00		-		
16/8	id# ск#2306	Mislim Ifenaly 753 509 St 1 On 503/2		(D) 00		~		
36/8	ID# CK# 1172 G	Steron Chapman 3205 Joilan On UDM, I 50265		250 00		~		
3/4/8	ID# CK#/ろイル	James M. Maire 13411 Sheridan Ave Urbanloh. 50323		5000		/		
3/6/8	ID# Ск#44 88	Dennis Christy of 1801 NW. 81- Ves Moine 50325		5000		~		
3/6/8	CK#71412	Julie Kuhler 8076 104 St LN cladiar ola do 5012		50		~		
368	ID# Ск# 3588	Non haster 1127 204 St. wom 50267		50 00		,		
<del>,                                    </del>			SUB-TOTAL	0./		ı		

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_of\_\_\_\_of\_\_\_\_

TOTAL (if last page of this schedule)

	IONS MONEY TA ing candidate's personal fu		_	MONET 07/03) RECE		
COMMITTEE NAME (Must be same as on Statement of Organization)  STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN						
NUMBER AND THE DISCLOSURE BOX	E PAC CHECK NUMBER IN ARD.	THE DESIGNATED COLUMN. VA LIST OF ID NUMBERS IS AVAILAB	OMMITTEE), LIST TH LE FROM THE IOWA	E PAC IDENTIFICATI ETHICS AND CAMP	ON AIGN	
NOTE: ANY PER RESPONSIBILIT	RSON, OTHER THAN AN IES AND SHOULD IMME	I INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO $^\circ$ EDIATELY CONTACT THE BOARD.	YOUR CAMPAIGN	MAY HAVE FILING	;	
CAUTION: Sec commercial purp	tion 68B.32A(6), prohib cose by any person othe	its the use of information copied from reports and statement or than statutory political committees.	nts for soliciting co	ntributions or for a	iny	
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE <sup>1</sup> (if applicable)		√ IF FOR FUND- RAISER INCOME	
3/6/8	ID# СК#7785	Janes Vilson dr. 4140 Greenward dr. Am 5,13,2		\$500.00		
3/8/8	ID# ск#35 <sup>^</sup> 46	2205 Horunt Cair Caralluli 52241		100 9		
Ynly	ск <b>5ү)</b>	Urbanelal la 50323		100		
7/11/B	ск# <b>2</b> 7Ч1	Wat du moinis. It 50264		50		
3118	ск#/0277	GOO S 26 H ST Upm. It 5026,		182		
zin18	CK#/84/	13340 Ash (ext tr. Clive, Sak 5032)		100		
3/19/08	CK# /664	Mark Brown 11 - Mclody 1533 NW WASHER ANKING TOWA 50023-4242		50 00		
3/9/08	CK# /10 Y	Davis Sanders 4513 44 Place Des Meines, IA 50310-3740		10000		
3/20/08	ID# CK# 427.3	Kyle KNAWX & ShATOR 30375 NODA ROACH ROAD WAUKEL, JA 50263		50000		
	ID# CK# OG Y/	Margic McCondliss 1318 5 136 Omuha, NE 68144-1102		30 00		
* Disclosure low	guiros gandidote	TOTAL (if last page o	•	\$1,430		
marriage). If surr	nship must be shown to that name of contributor is the	es to disclose the relationship of any relative making a contribution e third degree of consanguinity (blood relatives) and affinity (relativ same as candidate, but there is no n the relationship column.	es by	ageofof	<u>(</u> A)	

SCHEDULE

For Instructions, See Back of Form

#### For Instructions, See Back of Form

#### CC

DNTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	MONETARY RECEIPTS
COPERT Brund for Superavisa Summite	_	CK THIS BOX IF NDING FORM

**SCHEDULE** 

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	1 ANAOLINE	7
RECEIVED	(if applicable)	TO WILL YOUR PRODUCTION	TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK	!	(if applicable)	112021120	RAISER
<del></del>	NUMBER		<u> </u>		INCOME
14/. /	ID#	Chaistophia Colomus-Manis			
108	CK#			\$	
100	CK# 3644/	Des Mum. IN 50310		25	[ ———
4/1	ID#	Donald Steele, Glanda			
1/4/	CK#	1805 71.12		-100	
108	5082	1805 76 B Windson Hishk IA 50372		30	<u> </u>
11/1	ID#	Mothem o Bring Fall			
4/2/		Matthia a Bhina Fall		3000	
108	CK# //22	1601 Na Ceadanwood		ا م	
-/	1D#	Arting, 7A 50021			
3/4/18	1	MISTY Withern			
MAN	CK#	3/17 /15		2500	
	1D#	Van Major. IA 5026/ Vier Jeannie Rutt			
3-24-08	10#	Viel Jeannie Ruff		100 00	
<u> </u>	CK#	7607 NW 1679		100	
		ANKINY , IN 50023-8808			
4/ /	ID#	JUHN BRUNTZ		2500	
124/	CK#	/// 5 33			
1-8		Wist Dos Moine, IN 50265			L
3/24/08	ID#	Kevin: Borb Susemaker		Z00 **	
124/00	CK#	7204 N 117 AV		200	
,	J.V.	Omaha, NE 68142			L
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				905	
			SUB-TOTAL	446	

TOTAL (if last page of this schedule)

(for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

		same as on Statement of Organization)		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2-13-8	ID# CK <b>#093</b>	Robert Browner	portage	229.50
3/7/8	ID# CK#094	The Conept Wales	sorvices 4	2750 9
5/8/	ID# CK#/095	CONCEPT WORKS ERIC WOSSIN 1001 Office PONK Rd. Suit 119 WOSM 50265	Domain Name Costs Web Sik Development	104 37
	ID# CK#			
	ID# CK#			
	ID#			
	ID#			
	CK#			
-	CK#		SUB-TOTAL	\$ 7
			TOTAL (if last page of this schedule)	\$3,084 42

THIS BOX APPLIES TO	CANDID	ATES' C	OMMITTEES ONL	v.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	/of/